

SEAS AUTHORIZATION FORM (CS-67A)

PURPOSE:

The CS-67A is used to authorize services for individuals who are approved for Protective Services Day Care, Children's Treatment, Residential Treatment Services, Family Preservation Services and services for children in the Psychiatric Diversion program. Two individuals or two services for one individual from a household can be authorized on one CS-67A form. If there are more than two individuals from a household to be authorized for services or more than two services for the same individual, another CS-67A form is required.

NUMBER OF COPIES AND DISTRIBUTION:

The CS-67A is a two copy self carboning form. The canary copy is the case record copy and is retained until the authorization turnaround report is received. The turnaround report is printed the day after entry at the county office using local county printing procedures. After the CS-67A is entered in SEAS, the data entry operator should initial the form and indicate the time it was entered. The white copy is the data entry operator's copy and is retained in a file for thirty (30) days. The CS-67A is completed at the county office and entered into the Service Eligibility and Authorization System (SEAS) by the data entry operator at the county office.

NOTE: Long term Residential Treatment Services are authorized by area staff.

INSTRUCTIONS FOR COMPLETION:

An asterisk (*) next to an item indicates that the code is listed on the CS-67A Code Sheet.

Two authorizations can be completed on each CS-67A form and are identified as "A" and "B".

Head of HHLD DCN: Enter the DCN (Departmental Client Number) for the head of the household in this field. This is an eight digit number and is a required entry.

Head of Household Name: Enter the last name, first name and middle initial of the head of household in this field. An entry is required in this field.

1. Client DCN: Enter the eight digit departmental client number (DCN) of the individual who is being authorized for services. An entry in this field is required.

NOTE: If services are needed for the foster parents of an alternative care child as part of the case plan, the units of service for the foster parents will be included in the units of service for the alternative care child.

2. Client Name: Enter the last name, first name and middle initial of the client who is being authorized for services. An entry in this field is required.
3. Vendor DVN: Enter the nine digit departmental vendor number (DVN) that has been assigned to the vendor. An entry in this field is required.
4. Vendor Name: Enter the last name, first name and middle initial of the vendor. An entry in this field is required.

NOTE: The head of household DCN, client's DCN and provider's DVN are entered on the authorization menu screen prior to accessing the initial authorization entry screen.

5. Authorizing Worker:

- a. Signature: The worker who authorizes the service must enter his or her signature in this field. This must be the same worker which completed the request for service and the eligibility determination for the household. In most cases, there will only be one authorizing worker per household. However, an exception may occur when a household has two cases open under two (2) eligibility types.
- b. Worker ID No.: The worker ID number of the authorizing worker is entered in this field. An entry is required in this field. The worker ID number entered in this field will appear on the CS-67A turnaround report. This worker ID number must match the authorizing worker identified in the case eligibility section on the CS-67.
- *c. Office: Enter the FIPS county code for the authorizing worker in this field. An entry is required in this field. The office I.D. entered for the authorization must match the authorizing county I.D. entered in the Eligibility Section for the case.

NOTE: This is the office which is charged for the service. A table has been created which groups the county offices with the correct area. Therefore, the area offices are charged with the residential expenses.

- d. Date: Enter the date the authorization was approved by the worker. The date can not be earlier than 15 days before the date the authorization is entered.

NOTE: Under no circumstances should services be authorized verbally. If there is need for an emergency or immediate service, an immediate authorization screen is available after entry of the CS-67A, and will print an authorization document. This document will provide same day

authorization to the provider and the head of household. It is recommended if service delivery is to begin within 5 days of data entry of the CS-67A an immediate authorization document should be printed and transmitted to the provider.

Case Transfer Information: When a family, who has services authorized, moves to a different county, the new residence must be verified. After verification, all active authorizations opened in the previous county should be closed.

NOTE: All active authorizations should be closed prior to using this action code. If an authorization is not closed, the sending county continues to be responsible for payment. It is permissible to facilitate uninterrupted service to the client, for the sending county to continue to provide service after the sending date. This is done by entering a close date which is later than the date of transfer- fer. This process allows the receiving county time to review the eligibility and reauthorize.

After the case is assigned in the transfer county, the assigned worker will determine service needs and authorize services if the need continues to exist.

Refer to the CS-67 Instructions for case transfer information for request and eligibility determinations.

6. Authorizing Designee:

- a. Signature: Enter the signature of the authorizing designee in this field. This signature indicates the authorization has been reviewed for accuracy and availability of funds and approved. No entry of a CS-67A is permitted without the signature of the authorizing designee.

The authorizing designee cannot be the same person as the authorizing worker. An entry is required in this field.

- b. Worker ID No.: Enter the worker ID number for the authorizing designee in this field. An entry is required in this field.
- *c. Office: Enter the FIPS county code for the authorizing designee in this field. An entry is required in this field.
- d. Date: Enter the date the authorization was approved by the authorizing designee. After approval is given, the CS-67A should immediately be

entered in SEAS. The data entry operator should not process a CS-67A that does not contain signatures and dates. Entry into the SEAS system can not be later than 15 days after the worker and authorizing designee date.

NOTE: It is essential for the authorizing designee to review the requested authorization data for accuracy carefully before allowing data entry. The begin and end dates of authorization period, service code and fund code establish the payment rate and funds to be charged. It is the responsibility of the authorizing designee to ensure both accuracy and availability of funds.

*7. Action Code: Enter a code which describes the action being taken. The action codes for authorization information are as follows:

IA - Initial Authorization. Use this code when authorizing a client for a service. This code is used each time a service is being authorized whether it's a new service or a reauthorization of a current service.

For emergency Residential Treatment Services, if the placement occurs in the evening or during the weekend, the authorization may be entered in the system the next working day.

UA - Update Authorization. Use this code when the authorization information is being changed. Any field can be updated the day the authorization was entered. After the day of entry, only the following fields can be updated:

Fields 5b and 5c - Authorizing Worker ID No. and Office

Fields 6b and 6c - Authorizing Designee ID No. and
Office Field 10 - Frequency (increase in Frequency only)

Field 11 - Fund Code

Field 12 - Court ID

Field 14 - Time of Day

Field 15 - Remarks

In most situations, updating will be done on the CS-67A turnaround form.

CA - Close Authorization. Use this code to close an authorization. The close date and close reason fields are not listed on the CS-67A but are displayed on the CS-67A turnaround and on the close authorization screen. When using this action code, the only fields that can be updated are the close date and close reason. For authorizations completed for households with an AS

eligibility type, the authorization close date must be at least 11 days from the entry date. If the authorization is opened in error, the worker can use a closing code of "DE" and close the authorization on the current date.

NOTE: For emergency Residential Treatment authorizations, the closing date can be a date in the past (i.e., client moves out of the emergency placement on 08-25-92 but the worker is not notified until 08-30-92. The authorizing worker can indicate a closing date of 08-25-92 to close the authorization.) It should be noted if the closing is entered after the generation of the invoice, asterisks will not block out the remainder of the month on the invoice. It will be the responsibility of the payment designee to allow only for payment of services when the client was in the facility.

CX - Cancel Close Authorization. Use this code if a proposed close date has been entered in error or the proposed closing is no longer valid and is to be canceled.

This code may only be used when the close date is the date of entry or later as long as it is not after the actual close date. This action code will bring up a prompt screen in which the data entry operator will be asked to verify the cancel closing.

8. Authorization Dates: The begin and end authorization dates are entered in this field. The authorization period must be at least one day (e.g., 11-05-92 - 11-06-92) but no greater than one year (e.g., 07-01-92 - 06-30-93).

The begin date must be the same or later than the approval date by the authorizing designee. The authorization dates must be within the eligibility begin and end dates. The authorization end date must be at least one day later than the authorization begin date but not later than the eligibility end date. However, if an authorization has been opened in error, it may be closed the same day it was opened. (If this occurs, no authorization letters will be generated.)

- *9. Service Code: Enter the four letter service code for which the client is authorized in this field. The information identified below has been added about specific service code:

DAY CARE SERVICES

Part Day Care is defined as 1 but less than 3 hours a day.
Half Day Care is defined as 3 but less than 5 hours a day.
Full Day Care is defined as 5 or more hours a day.

Refer to the CS-67A Code Sheet for Day Care service authorization codes. The service authorization code used should be the one that is most indicative of the Day Care plan that will be followed most of the time for the child.

CHILDREN'S TREATMENT SERVICES

The begin and end dates for authorization periods for one time only services such as evaluation and diagnosis (i.e., EVDA) should only be for the period of time the worker and provider think it will take to provide the service. However, in some cases, the exact month EVDA will be delivered may not be known, so the service will need to be authorized for more than one month. In addition, EVDA services are only paid after the service has been delivered and the worker has received a written report from the provider. It is critical that the payment designee ensure that the service is only paid once at the time of service completion. An invoice will be generated for each month the client is authorized and it is possible without accurate control by the payment designee for duplicate payments to be made.

Only one individual in the family should be authorized for Family Therapy Services (Codes FTHH and FTHO), Parent Aide Services (PRAD), Homemaker (HOMK), Home Base Family Centered (HMSR) or Transportation (Family Group) (MLFM). These authorizations should be completed in the name of the head of household.

RESIDENTIAL TREATMENT SERVICES

Emergency Residential Services (EMER) are authorized by county staff. However, the CS-65A invoice will be sent to the Area Office and entered by area staff. All other residential treatment services will be authorized by Area staff. The authorizing worker on the CS-67A will be county staff. After authorization, turnaround forms will be generated to Area Office.

It will be the responsibility of the case manager to notify the service worker if the child is placed in a facility outside the case manager county. If area staff have authorized a child for residential treatment services, and the child needs additional services, only area staff can authorize additional services. Request for additional services must be forwarded to the Area office for review and approval. For Adoption Subsidy clients requiring contracted Residential Treatment services, a CS-67A will be completed by the adoption specialist and sent to Area Office for data entry.

Emergency Residential treatment services (EMER) can only be approved for a 30 day period and must have Area Director approval. These placements should not exceed 30 days, but with the approval of the Area Director can be extended for another 30 days. In this event, a new authorization will need to be completed extending the service for another 30 days.

NOTE: Residential Treatment services including EMER must have a frequency of no less than 002 since the RT contract allows payment for the day of placement and the day of removal.

If Adolescent Group Home Services (AGHS) are authorized, the child's SS-61 (Alternative Care Client Form) must be updated to show no maintenance (Code 3) at the time of authorization as maintenance is included in AGHS payment.

For Family Preservation Services (FPS), the head of household DCN is entered for the head of household to authorize services.

- *10. Frequency: This is a two part field. Enter a one letter code to indicate the type of frequency and a three digit number for the frequency. An entry is required in this field. The frequencies are W - Weekly, M - Monthly and S - Single Unit.

NOTE: The "S" frequency code is restricted to certain services codes. For CTS services the "S" frequency code is allowable for the following: EVDA, EVDB, EVDC, EVCG, EVCR and EVCL. After the service has been paid through a CS-65A invoice, SEAS will close these authorizations, so that the service does not appear on future invoices for payment.

*For Family Preservation the allowable service code is "FIHS". An FPS authorization should be completed for each household receiving services from a contracted FPS provider. FPS services provided to families from in-house specialists do not require a SEAS authorization.

Weekly should be used for services authorized weekly, i.e., counseling services once a week.

NOTE: Day Care services authorized weekly with a frequency of 004 or less will be considered as attending Day Care less than full time and will allow payment for no more than 3 absences per month on the invoice entry screen.

Monthly should be used for services authorized on a monthly basis, i.e., 3 times per month. For Day Care services which are needed on an irregular basis, i.e., 2 days one week, 3 days the next week, monthly should be used.

Single should be used for services authorized on a one time only basis such as evaluation and diagnosis A (EVDA).

NOTE: Currently in field 10 of the CS-67A form, the total allowable number of frequency digits is two (2). However, the frequency has been expanded to three (3) digits for all authorized services.

To reimburse a contracted CTS transportation provider, select the appropriate frequency code (W, M or S). The number of units

will be the number of total miles needed to transport a client (i.e., M200 in field 10 of the CS-67A to authorize a transportation expense 200 miles round trip each month).

For a one time only transportation expense, use M for monthly followed by the number of miles (i.e, M100 for a one time authorization covering 100 miles round-trip).

The number of miles must not exceed 999 miles per authorization. If the total number of miles is expected to exceed 999, staff must complete more than one authorization. For example, a client needs transportation from Butler County to Boone County covering 505 miles round-trip. Since the frequency will exceed 999 miles. An authorization for each 505 mile trip is necessary.

If the frequency of a service increases, an update can be entered to show the increase in frequency. In this situation, the authorization worker's ID must be re-entered before the update will be allowed. An increase in the frequency of a service also generates an authorization change letter to the provider and the head of household. A copy of the letter is also sent to the authorizing worker. If the frequency of a service decreases, the authorization must be closed and a new authorization opened. The closing authorization will generate a closing authorization letter and the new authorization for the reduced frequency will generate an approval authorization letter to the provider, head of household and county office.

- *11. Fund Code: Enter a two position fund code in this field. The fund code must be valid for the service authorized. For example, Fund Code 42 (PS Day Care) would not be allowed for the service code AGHS (Adolescent Group Home). Only Fund Code 23 (Adolescent Group Home) would be allowed for this service. Fund code determines to which appropriation/allocation these expenses are charged.
- 12. Court ID: Enter a two position number for the circuit court. An entry is only required in this field when a service has been court ordered. The field must be left blank if the service being authorized has not been specifically court ordered.
- 13. Exception: An entry in this field is only required if a day care service is being authorized. Enter a "Y" (Yes) or "N" (No) in this field to indicate if an exception has been approved for a day care client. The "Y" exception code is used when there is an occasional change in the child's normal Day Care Plan, e.g., A school age child is authorized for part Day Care during the school year but needs full Day Care during school holidays. The exception code allows payment for full days of care. The "N" exception code indicates no exception for payment has been approved. For CTS and emergency Residential Treatment services, no entry is required as the system will automatically enter an "N" in this field.

If "Y" is entered for a Day Care client, an explanation of the exception must be entered in the Remarks Section of the CS-67A, e.g., "John has been authorized for part Day Care but has also been approved for full Day Care during school holidays". It is important to use complete sentences as whatever message is entered here will appear on all authorization letters which the system automatically generates to the vendor and the head of household.

14. Time of Day: An entry in this field is required only for day care authorizations. Enter one of the three (3) time of day codes listed below.

DAYTIME - Use this code if the child attends day care for any part of the day covering 6am to 6pm.

EVENING - Use this code if the child attends day care during any part of the day covering 6pm to 1am.

NIGHTTIME - Use this code if the child attends day care for any part of the day covering 1am to 6am.

The entry from this field into SEAS must be the exact spelling of one of the codes listed above. If the child attends day care during more than one of the periods of time listed above, enter the time of day that best reflects his/her stay in day care.

15. Remarks: Enter in this field any authorization message that will provide specific service information or clarification to the provider and head of household. This is a free formatted field that accepts 3 lines with 73 positions per line (totaling 219 positions) and accepts alpha and numeric characters. Entry in this field is required when the Day Care Exception (Field 13) is coded "Y".

NOTE: Any message appearing in the remarks section will appear on all authorization letters that the system automatically generates to the provider and head of household.

The following fields are not on the CS-67A form but will appear on the 67A turnaround report and the authorization entry screen. These fields will only be used when the authorization is to be closed.

Close Date: Enter the date the authorization is to be closed. The close date must be at a minimum 11 days prior to the date the closing action is to take place for an AS eligibility types to allow for the 10 day timely notice. When the ten day period has expired, a final closing letter will be generated to the head of household and to the provider.

For PS and AC eligibility types, the close date should be the day services are to discontinue. This can be a date in the future, if it is known in advance that services will be discontinued. This date may not be in the past. The only exception is

emergency shelter (EMER) and should reflect the last day the child was in placement. A PS eligible client will only receive a final closing letter. An AC client will not receive a closing letter. The provider will receive a final closing letter in all cases. An entry in this field is required when the closing action code (CA) is used.

NOTE: All authorizations are automatically closed whenever the SEAS case is closed. The close date on the authorization (CS-67As) will be the date the CS-67 is closed.

*Close Reason: Enter a two letter code to identify the reason the authorization is being closed.

If an authorization has been entered in error, a close reason of "DE" (Data Error) would be used. If it is

closed the same day it was opened, no system generated letters will be sent. Otherwise, letters will be sent to the provider and the head of household.

NOTE: The "DE" code can be used for authorizations to an AS households in order to close the authorization on the current date. This code should only be used when the authorization was entered with incorrect data (incorrect provider, client, authorization dates) and needs to be closed immediately.

A close reason of CS - Case Closed (System Generated) will be entered automatically whenever the CS-67 is closed for a household which has active authorizations. This close reason will close all active authorizations for the household. If the CS-67 is cancel closed (Action Code of CC) all authorization for the household will be reopened.

A close reason of "TR" - (Authorization closed due to Case Transfer) will be used to close authorizations when a family has moved to a different county. The transfer county will then be responsible for authorizing any services which the family continues to need. All authorizations must be closed before the CS-67 can be transferred to the new county. If possible, a close date should be used allowing sufficient time to facilitate reopening in the receiving county if an interruption of service to the client is anticipated. Sending counties will be responsible for payment of any service authorized and delivered prior to the closing date. Refer to instructions for action "XF" (Case Transfer) in the CS-67 instructions.

INSTRUCTIONS FOR RETENTION:

A 30 day revolving file should be maintained in the county office for all data entered forms (original). After 30 days, the CS-67 form can be destroyed.

The copy should be maintained in the client case file until the turnaround form is received. The turnaround report should be retained in the client case file until the next turnaround report is received.

MEMORANDA HISTORY: CS87-58, CS87-105, CS88-89, CS89-56, CS92-43, CS93-54